



## REHABILITATION PROGRAM DOCUMENTATION

In addition to the attached application, the Community Development Department is also required by the City of Salisbury to obtain the following documentation from each applicant:

1. Last 2 paystubs of tenant(s) living in the home that is employed.
2. Proof of any other income of tenant(s) such as child support, retirement, rent income, etc.
3. Last year's 1040 tax forms for tenant(s), if required to file.
4. Tenant's lease agreement.
5. Current mortgage statement.
6. Homeowner's insurance policy.
7. General Warranty Deed.

Once you've gathered all the above documents and completed the application please call Nicki Brown at 704-216-2738 to schedule an appointment.

*NOTE: It should be noted that eligibility does not necessarily ensure the receipt of financial assistance.*

To be eligible for housing improvement assistance, an applicant must:

1. Be the owner of the property to be assisted;
2. Tenant(s) must be below 80% of area median family income provided by HUD.

**House must meet local minimum code requirements.**

The City of Salisbury places a 5-year lien on the property in the form of a first or second lien – secured by a Deed of Trust and Promissory Note. Landlord required to contribute 25% additional matching funds or up to \$2,500.



Administered by Salisbury Community Development Corporation on behalf of the City of Salisbury, NC



# Salisbury Community Development Corporation

## Privacy Statement

We recognize and respect the privacy expectations of today's consumers and the requirements of applicable federal and state privacy laws. We believe that making you aware of how we use your non-public personal information ("Personal Information"), and to whom it is disclosed, will form the basis for a relationship of trust between us and the public that we serve. This Privacy Statement provides that explanation. We reserve the right to change this Privacy Statement from time to time consistent with applicable privacy laws.

In the course of our business, we may collect Personal Information about you from the following sources:

- From applications or other forms we receive from you or your authorized representative;
- From your transactions with, or from the services being performed by, us, our affiliates, or others;
- From our internet web sites;
- From the public records maintained by governmental entities that we either obtain directly from those entities, or from our affiliates or others; and
- From consumer or other reporting agencies.

### Our Policies Regarding the Protection of the Confidentiality and Security of Your Personal Information

We maintain physical, electronic and procedural safeguards to protect your Personal Information from unauthorized access or intrusion. We limit access to the Personal Information only to those employees who need such access in connection with providing products or services to you or for other legitimate business purposes.

### Our Policies and Practices Regarding the Sharing of Your Personal Information

We may share your Personal Information with our affiliates, such as insurance companies, agents, and other real estate settlement service providers. We also may disclose your Personal Information:

- to agents, brokers or representatives to provide you with services you have requested;
- to third-party contractors, mortgage lenders, insurance agents, or service providers who provide services on our behalf; and
- to others who provide products or services that we believe you may find of interest.

In addition, we will disclose your Personal Information when you direct or give us permission, when we are required by law to do so, or when we suspect fraudulent or criminal activities. We also may disclose your Personal Information when otherwise permitted by applicable privacy laws such as, for example, when disclosure is needed to enforce our rights arising out of any agreement, transaction or relationship with you.

One of the important responsibilities of some of our affiliated companies is to record documents in the public domain. Such documents may contain your Personal Information.

This is for your records

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**CITY OF SALISBURY  
COMMUNITY DEVELOPMENT**

**A P P L I C A T I O N**

**CASE NO.** \_\_\_\_\_

**Type of Assistance: Deferred loan**

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**Type of Assistance Requested:**

Roofing \_\_\_\_\_ Window Repair \_\_\_\_\_ Door Repair \_\_\_\_\_ Fence Repair \_\_\_\_\_  
Porch repair \_\_\_\_\_ Wood/Siding Repair \_\_\_\_\_ Steps/decks Repair \_\_\_\_\_  
Foundation repair \_\_\_\_\_ Landscaping \_\_\_\_\_ Driveway repairs \_\_\_\_\_  
Other: \_\_\_\_\_

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**Business name/Landlord:**

**Name of Business Owner:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Present Address: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State, Zip Code: \_\_\_\_\_

State, Zip Code: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Tax ID/Social Security No: \_\_\_\_\_

Tax ID/Social Security No: \_\_\_\_\_

Have you ever applied for/received assistance from the City of Salisbury or any HUD funded program? \_\_\_\_\_

Has dwelling been previously improved by use of a Federal Grant and/or a Federally subsidized loan for housing improvements? \_\_\_\_\_ Date \_\_\_\_\_

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## **PROPERTY INFORMATION**

Home Owners Insurance: Yes \_\_\_\_\_ No \_\_\_\_\_ Insurance Company \_\_\_\_\_

Is This Your Primary Residence? \_\_\_\_\_ Permanent Foundation? \_\_\_\_\_

Owner Occupied? \_\_\_\_\_ Deed in Name of \_\_\_\_\_

Address of Owner (if different from above) \_\_\_\_\_

Heir to Property? \_\_\_\_\_ Name of Heir \_\_\_\_\_

Address of Heir \_\_\_\_\_

Date/Ownership? \_\_\_\_\_ Date/Occupancy? \_\_\_\_\_

Year Built \_\_\_\_\_ No. Rooms \_\_\_\_\_ No. Bedrooms \_\_\_\_\_ No. Baths \_\_\_\_\_

Family Room/Den \_\_\_\_\_ Living Area \_\_\_\_\_ SF Garage/Carport \_\_\_\_\_ AC \_\_\_\_\_

Other Real Estate \_\_\_\_\_ Value \$ \_\_\_\_\_

Is there an existing mortgage on the property? \_\_\_\_\_

Original Mortgage Amount \$ \_\_\_\_\_ Unpaid balance \$ \_\_\_\_\_

Name and Address of Mortgagee/Lender \_\_\_\_\_

Have you ever been obligated on a home loan, or a home improvement loan, which resulted in foreclosure, deed in lieu of foreclosure, or judgement? \_\_\_\_\_

If yes, Property Address and Name of Lender: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### ***Rental Property Repairs***

- *Exterior repairs up to \$10,000 involving painting, roofing, porches, foundations, doors and windows, minor landscaping and similar improvements*
- *Required 25% cash match paid by rental property owner prior to commencement of work, bringing maximum project cost to \$12,500*
- *Assistance as a deferred mortgage lien that will be forgiven after five years so long as the property is rented to a low-to-moderate income tenant (below 80% Area Median Income)*

**CITY OF SALISBURY  
COMMUNITY DEVELOPMENT**

**Authorization Form**

I hereby grant permission and authorize any bank, credit union, saving and loan association, insurance company, real estate company, United States Postal Savings, or financial institution to disclose to the City of Salisbury full and complete information regarding my past, present, or potential situation. This includes property ownership and rentals, bank and/or savings accounts, cash value of life insurance policies, stocks and bonds, and any other savings.

I also grant permission to authorize any employer, Rowan County Department of Social Services, Social Security Administration, Veteran's Administration, Railroad Retirements, or any other person to disclose full and complete information regarding my past, present, and potential financial situation. This would include wages, support payments, contributions, and all other income.

I also grant permission for the City of Salisbury to investigate any situation or contact any person at any time to verify necessary information as long as I am receiving assistance. This would include baby-sitter, person providing transportation, schools, relatives, neighbors, natural father or mother, retail stores, landlord, utility company, and/or fuel company.

I also grant permission for the City of Salisbury to obtain any needed medical information that is pertinent to my case.

It is understood that this information is confidential and will be used solely for the purpose of determining/redetermining my eligibility for assistance.

It should be noted that, according to the law, "Any person who willfully and knowingly, with the intent to deceive, makes a false statement or representation or fails to disclose a material fact in order to enable himself or another person to obtain or to continue to receive assistance to which he is not entitled, is guilty of a misdemeanor and upon conviction or plea of guilty shall be fined or imprisoned or both at the discretion of the court."

This form has been read and explained to me and I fully understand its meaning.

WITNESSES:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CITY OF SALISBURY  
COMMUNITY DEVELOPMENT**

**PERSONAL INFORMATION RELEASE AUTHORIZATION**

To Whom It May Concern:

I/We hereby authorize the release of any personal and financial information requested, including:

Mortgage loan balance and payment history

Consumer credit balances and payment records

A photographic copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate original.

Acknowledgment

I acknowledge that I have received a copy of Salisbury Community Development Corporation's Privacy Policy.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Signature

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**TENANT Head of Household:**

**TENANT Spouse/Other:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Present Address: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State, Zip Code: \_\_\_\_\_

State, Zip Code: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Tax ID/Social Security No: \_\_\_\_\_

Tax ID/Social Security No: \_\_\_\_\_

Total # of persons living in the household: \_\_\_\_\_

**Dependents: (If over eighteen, please explain dependency)**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Age: \_\_\_\_\_ SS# \_\_\_\_\_ Age: \_\_\_\_\_ SS# \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Age: \_\_\_\_\_ SS# \_\_\_\_\_ Age: \_\_\_\_\_ SS# \_\_\_\_\_

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**Other Income Producing Household Members:**

Name: \_\_\_\_\_ SS No. \_\_\_\_\_

Name: \_\_\_\_\_ SS No. \_\_\_\_\_

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**Nearest relative not living with you:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

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**TENANT(S) MONTHLY INCOME INFORMATION**

	<u>Head of Household</u>	<u>Spouse or Other</u>	<u>Other Income</u>
Job #1	_____	_____	_____
Job #2	_____	_____	_____
Social Security	_____	_____	_____
Retirement	_____	_____	_____
Public Assistance	_____	_____	_____
V. A.	_____	_____	_____
Rent Income	_____	_____	_____
Interest/Investment			
Income	_____	_____	_____
Other	_____	_____	_____
<b>MONTHLY TOTAL</b>	<b>_____</b>	<b>_____</b>	<b>_____</b>

TOTAL ALL PERSONS IN HOUSEHOLD \$ \_\_\_\_\_

The 24 CFR Part 5 definition of annual income is the gross amount of income of all adult household members that is anticipated to be received during the coming 12-month period.